

The Relationship Between Self-Esteem and Sexual Self-Concept in People With Physical-Motor Disabilities

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Background: Self-esteem is the value that the individuals give themselves, and sexual self-concept is also a part of individuality or sexual-self. Impairment or disability exists not only in the physical body of disabled people but also in their attitudes. Negative attitudes affect the mental health of disabled people, causing them to have lower self-esteem.

Objectives: This study aimed to examine the relationship between self-esteem and sexual self-concept in people with physical-motor disabilities.

Patients and Methods: This cross-sectional study was conducted on 200 random samples with physical-motor disabilities covered by Isfahan Welfare Organization in 2013. Data collection instruments were the Persian Eysenck self-esteem questionnaire, and five domains (sexual anxiety, sexual self-efficacy, sexual self-esteem, sexual fear and sexual depression) of the Persian multidimensional sexual self-concept questionnaire. Because of incomplete filling of the questionnaires, the data of 183 people were analyzed by the SPSS 16.0 software. Data were analyzed using the t-test, Man-Whitney and Kruskal-Wallis tests and Spearman correlation coefficient.

Results: The mean age was 36.88 ± 8.94 years for women and 37.80 ± 10.13 for men. The mean scores of self-esteem among women and men were 15.80 ± 3.08 and 16.2 ± 2.90 , respectively and there was no statistically significance difference. Comparison of the mean scores of sexual anxiety, sexual self-efficacy, sexual self-esteem, sexual fear and sexual depression among men and women showed that women scored higher than men in all domains. This difference was statistically significant in other domains except the sexual self-esteem (14.92 ± 3.61 vs. 13.56 ± 4.52) ($P < 0.05$). The Kruskal-Wallis test showed that except for sexual anxiety and sexual self-esteem, there was a statistical difference between other domains of people's sexual self-concept and degree of disability ($P < 0.05$). Moreover, Spearman coefficient showed that there was only a correlation between men's sexual anxiety, sexual self-esteem and sexual self-efficacy with their self-esteem. This correlation was positive in sexual anxiety and negative in two other domains.

Conclusions: Lack of difference in self-esteem of disabled people in different degrees of disability and in both men and women suggests that disabled people should not be presumed to have low self-esteem, and their different aspects of life should be attended to, just like others. Furthermore, studies should be designed and implemented based on psychological, social and environmental factors that can help disabled people to promote their positive sexual self-concept through marriage, and reduce their negative self-concept.

Keywords: Self-Esteem; Physically Disabled; Sexual Self-Concept

1. Background

According to the World Health Organization (WHO), disability is a set of physical or mental impairments that deprive the individual of independent personal and social life (1). Almost everyone experiences temporary or permanent disability at some point of life (2). According to the 2011 census, there are 1,100,000 disabled people in Iran (3). In the comprehensive guide to disability right laws, a disabled person is someone who, according to medical commission of the Welfare Organization, suffers physical, mental, psychological or combined damage with ongoing and substantial impairment in his general health and function, and reduction in his social and economic independence. Based on this guide, disabilities are categorized into 6 major and common groups including physical-motor, mental, visual, and hearing, speech and psychiatry (1). People with physical disabilities often

are less educated and are socially isolated; the negative attitudes and psychosocial barriers affect their mental health (4). Some studies have shown the reduced self-esteem and self-confidence and impaired interpersonal and social communication in disabled people (5). Self-esteem is a set of feedbacks and beliefs that people express in their relations with the outside world indicating how much people consider themselves powerful, valuable and important. Self-esteem is the fourth need in Maslow's hierarchy of needs (6) and is a personal experience whose manifestation can be observed in meaningful words and behaviors (7-9).

Heydari et al. showed the difference of self-esteem between disabled and normal students. They also found that life satisfaction is lower in physically disabled people than in normal people (10). Sexual issues are one of

the important needs in a person that affect his life satisfaction. Sexual health is a physical, emotional, mental and social health related to sexual issues. In other words, sexual health is not only the lack of sexually transmitted infections and sexual dysfunction; it also encompasses emotions, behavior and control of thoughts (11). The individual's perception of his sexual desires and sexual orientation is sexual self-concept (12). In general, self-concept is a multidimensional factor evaluating the individual's psychological function and includes his thoughts and perception of himself (13). Sexual self-concept is derived from past experiences and appears in the current experiences, affects the process of social information related to sexuality and directs sexual behaviors (14). Thus, self-esteem and self-efficacy may affect general health and sexual self-concept may influence sexual behavior health. Given that promotion of health and quality of life for disabled people is one of the WHO's objectives, in this paper addressing an objective of a larger study (thesis of MD degree with No. 393014), the relationship between self-esteem and sexual self-concept was examined in people with physical-motor disabilities.

2. Objectives

This study aimed to determine the relationship between self-esteem and sexual self-concept status in people with physical-motor disabilities in terms of gender and the degree of disability.

3. Patients and Methods

3.1. Study Population and Sampling

This cross-sectional study was conducted on 200 people with physical-motor disabilities (congenital or non-congenital) covered by Isfahan Welfare Organization in 2013. This organization is a governmental state, which support (social, economic and educational support and so on) people with disabilities (all type of disabilities, mental and physical). Isfahan is located on the main north-south and east-west routes crossing Iran, and was once one of the largest cities in the world. Inclusion criteria included age over 18 years old, consent to participate, not having mental retardation, absence of severe anxiety and mood disorders, severe personality disorders and psychotic disorders that prevent answering properly. Unwillingness to participate was the exclusion criteria. After obtaining permission, the file numbers of people with physical-motor disabilities, those who covered by Isfahan Welfare Organization and had inclusion criteria, were written on one list. After name selection using a table of random numbers, the necessary explanations were transmitted to the subjects on the phone, and upon agreement, they were invited to room participate in this study. Two of the researchers met them at their home. Upon agreement, they were asked to read, sign on an informed consent sheet; then they received the questionnaires and filled

them out. In this study, according to the International Classification of Functioning, Disability and Health (ICF), which is also applied in Welfare Organization, disability of people was classified into four categories of mild, moderate, severe and very severe (15).

3.2. Sample Size

Among study population, 200 subjects were selected using the simple random sampling. The sample size, considering confidence level = 95%, test power = 80%, SD = 5 (16), was considered 200 people (100 women and 100 men).

$$n = \frac{\left(Z_{1-\frac{\alpha}{2}} + Z_{1-\beta}\right)^2 (S)^2}{d^2} = \frac{(1.96 + 0.84)^2 (5)^2}{1^2} = 196 \simeq 200$$

3.3. Instruments

Data were collected using the Eysenck self-esteem questionnaire (in Persian), and five domains (sexual anxiety, sexual self-efficacy, sexual self-esteem, sexual fear and sexual depression) of the Persian multidimensional sexual self-concept questionnaire. The Eysenck (17) inventory has 30 two-option items scored 0 and 1, and measures people's self-esteem. The inventory's total scores show the self-esteem score. The score of ≤ 15 show low self-esteem and scores > 15 show high self-esteem. The validity and reliability of the Persian version were confirmed in different studies with Cronbach's alpha 0.88 and 0.87 (17-20).

The multidimensional sexual self-concept questionnaire is an objective self-report instrument that measures different domains of psychology in the sexual field and its validity and reliability were determined by Ziaei et al. (16) In this questionnaire, the answers are scored based on Likert scale from zero (it is not true about me at all) to 4 (it is completely true about me). In their study, Cronbach's alpha was reported 0.88 for the reliability of sexual anxiety (items 1, 6, 11, 16, 20), 0.85 for sexual self-efficacy (items 2, 7, 12, 17, 21), 0.72 for sexual self-esteem (items 3, 8, 13, 18), 0.76 for sexual fear (4, 9, 14, 17, 21) and 0.76 for sexual depression (5, 10, 15, 20).

3.4. Ethical Considerations

Ethical issues including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancy were completely observed and considered by the authors. The Ethics Committee of Isfahan University of Medical Sciences approved the thesis (code No. 393014; date: 2013).

3.5. Statistical Analysis

From a total of 200 questionnaires, only 183 were fully completed, so all statistical analyses and findings are related to 183 subjects. Lack of normality which test by Kolmogorov-Smirnov, conducted the authors to use nonpara-